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PTO/SB/82 (09-03)
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Application Number	10/007,788			
Filing Date	11-06-2001			
First Named Inventor	Bonnette, et al.			
Art Unit	3731			
Examiner Name	Roberts			
Attorney Docket Number	POSSIS			

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The address associated with Customer Number: 21270 OR X Firm or Hugh D. Jaeger, Reg. 27,270 Hugh D. Jaeger, P.A. Address 1000 Superior Blvd., Suite 302 Address 1000 Superior Blvd., Suite 302 X State MN Zip 55391-1873 Country US								
Customer Number: OR X Firm or Hugh D. Jaeger, Reg. 27,270 Hugh D. Jaeger, P.A. Address 1000 Superior Blvd., Suite 302	Please change the correspondence address for the above-identified application to:							
Hugh D. Jaeger, Reg. 27,270 Hugh D. Jaeger, P.A. Address 1000 Superior Blvd., Suite 302 Address City Wayzata State MN Zip 55391-1873 Country US Telephone 952-475-1880 Fax 952-475-2930 I am the: Applicant/Inventor. Apsignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature A. Colacci Date A. 30-04 Telephone NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				21270	21270			•
Address City Wayzata State MN Zip 55391-1873 Country US Telephone 952-475-1880 Fax 952-475-2930 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature Applicant/Inventor. Telephone Note: Signature Accord Telephone	OR				·———			
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City Wayzata State MN Zip 55391-1873 Country US Telephone 952-475-1880 Fax 952-475-2930 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature Accord Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.)2	•	
Country US Telephone 952-475-1880 Fax 952-475-2930 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature Date 1-30-04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature to required, see below.	Address			-				·
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature Date Colacci Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Country		U\$, ,	
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Irving R. Colacci, Vice President, Possis Medical, Inc. Signature Date Caract Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			952-475	-1880	Fax	952-475-2930)
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Name Irving R. Colacci, Vice President, Fossis Medical, Inc. Signature Date - 30-04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/SB/96)							
Signature Date 17 Ving R. Colacci, Vice President, Possis Medical, Inc. Signature Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	SIGNATURE of Applicant or Assignee of Record							
Date 1-30-04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	Signature Lui R. Colaci						
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			are submitted.				-	

This collection of Information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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HUGH D. JAEGER, P.A. 1000 Superior Blvd., Suite 302 Wayzata, MN 55391-1873 U.S.A. FAX (952) 475-2930 PHONE (952) 475-1880

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FEBRUARY 2, 2002

TO:	EXAMINER ROBERTS ART UNIT 3731 COMMISSIONER FOR PATENTS					
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Bonnette, et al. 10/007,788



FEB 0 4 2004

PATENT

Examiner Roberts

COMMUNICATION

Group Art Unit 3731

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Bonnette, et al.

Serial Number: 10/007,788

Filed: 11/06/2001

For: Gas Inflation/Evacuation)

System for Guidewire Having Occlusive Device

Commissioner for Patents Arlington, VA 22313-1450

COMMUNICATION

Please find attached a Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address for the above patent application.

Please forward all future PTO papers to the undersigned counsel.

Respectfully submitted,

HUGH D. JAEGER, P.A.

02/02/2004

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